

Must be filled in for each, and the number on each

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 186a

Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH

County Gila State Ariz.

Township \_\_\_\_\_ or Village Rice

City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Harding Reed. { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births { 4. Twin, triplet, or other. \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth 12-30-29, 19\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (Month, day, year)

9. Full name FATHER  
James Reed

18. Full maiden name MOTHER  
Clara Dixon

10. Residence (usual place of abode) (If nonresident, give place and State) Rice 19. Residence (usual place of abode) (If nonresident, give place and State) Rice

11. Color or race 4/4 12. Age at last birthday 30 (Years) 20. Color or race 4/4 21. Age at last birthday 24 (Years)  
Apache Indian Apache Indian

13. Birthplace (city or place) San Carlos 22. Birthplace (city or place) San Carlos  
(State or country) Ariz. (State or country) Ariz.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Common labor 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ { months \_\_\_\_\_ or weeks \_\_\_\_\_ 29. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:15A on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. R. Ruffin, M. D.

or \_\_\_\_\_, Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address 1 Rice, Ariz.

Filed 11, 1929 Registrar J. R. Ruffin Registrar \_\_\_\_\_

894-1230-345